Image# 14952733090 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Check if different than previously reported. (ACC) Margate FL 33063 CITY ▲ STATE ▲ ZIP CODE ▲ C C00569962 3. IS THIS REPORT × (N) OR (A)
ADDRESS (number and street) Check if different than previously reported. (ACC) Margate CITY A STATE A ZIP CODE A C C00569962 3. IS THIS REPORT (N) OR (A) AMENDED (Non-Elect Year Only) Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (Non-Elect Year Only) April 15 Ouarterly Report (O1) April 15 Ouarterly Report (O1)
ADDRESS (number and street) Check if different than previously reported. (ACC) Margate PL 33063 - 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00569962 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31
ADDRESS (number and street) Check if different than previously reported. (ACC) Margate PL 33063 — CITY ▲ STATE ▲ ZIP CODE ▲ C C00569962 3. IS THIS REPORT (N) OR AMENDED (A) APRIL 15 Ouarterly Report (Q1) April 15 Ouarterly Report (Q1) April 15 Ouarterly Report (Q1)
ADDRESS (number and street) Check if different than previously reported. (ACC) Margate PL 33063 — CITY ▲ STATE ▲ ZIP CODE ▲ C C00569962 3. IS THIS REPORT (N) OR AMENDED (A) APRIL 15 Ouarterly Report (Q1) April 15 Ouarterly Report (Q1) April 15 Ouarterly Report (Q1)
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Teported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ C C00569962 3. IS THIS REPORT × (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (C) C00569962 (D) Monthly Report (Choose One) (A) May 20 (M5) (B) Monthly Report (Choose One) (C) May 20 (M6) (D) Monthly Report (Choose One) (A) May 20 (M6) (B) Monthly Report (Choose One) (C) May 20 (M6) (C) May 20 (M8) (C) C00569962 (D) Monthly Report (Choose One) (E) May 20 (M6) (C) May 20 (M6) (C) May 20 (M7) (C) May 20 (M9) (C) May 20 (M9)
C C00569962 3. IS THIS REPORT X NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (Non-Elect Year Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (Non-Elect Year Only) April 15 Ouarterly Report (O1) April 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31
4. TYPE OF REPORT (b) Monthly Report (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On: (c) May 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (Non-Elect Year Only) (n) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (Non-Elect Year Only) April 15 Quarterly Report (Q1)
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April 15 Quarterly Report (Q1)
Qualiterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (
July 15 Ouarterly Report (Q2)
October 15 Report for the: Convention (12C) Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE) Election on State of
July 31 Mid-Year Report (Non-election Year Only) (MY) (d) 30-Day POST-Election X General (30G) Runoff (30R) Special Report for the:
Termination Report (TER) Election on 11 04 2014 State of F
5. Covering Period 10 01 2014 through 11 24 2014
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Patrick J Laffey
Signature of Treasurer Patrick J Laffey [Electronically Filed] Date Date Date 12 O3 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4
Office Use Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Bright Star PAC** 10 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 20000.00 20000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 20000.00 20000.00 6(a) and 6(c) for Column B)..... 17035.00 17035.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 2965.00 2965.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Bright Star PAC

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	dule H5)	dule H5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		2.1.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	5000.00	5000.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5000.00	5000.00
22.	Transfers to Affiliated/Other Party	7	3000.00
2	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures	9785.00	9785.00
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
			7
27. 28.	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
			2052.00
29.	Other Disbursements	2250.00	2250.00
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	,		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17035.00	17035.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	47025 00	47005.00
	from Line 31)	17035.00	17035.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	5000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5000.00	5000.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	5000.00	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Bright Star PAC Full Name (Last, First, Middle Initial) Elloine Clark Date of Receipt Mailing Address 3716 Maplewood Avenue 2014 10 28 City State Zip Code Transaction ID: SA11AI.4131 TX Dallas 75025 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of re-commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Bright Star PAC Full Name (Last, First, Middle Initial) JOE KAUFMAN Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 City State Zip Code Purpose of Disbursement Candidate Name JOE KAUFMAN Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Joes of Disbursement this Perior Category' Type Office Sought: House President Senate President Senate President Senate President Sanate President	SCHEDULE B (FEC Form 3X)	Llea caparata cabadula(s)	FOR LINE NUMBER: PAGE 7 OF			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Bright Star PAC Full Name (Last, First, Middle Initial) JOE KAUFMAN Mailing Address 2646 EXECUTIVE PARK DRIVE #512 City State Zip Code WESTON FL 33331 Purpose of Disbursement Candidate Name JOE KAUFMAN Office Sought: House Disbursement For: 2014 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code President Other (specify) ▼ State: District: 23 Transaction ID: SB218-4140 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Senate Primary General Category/ Type Office Sought: Senate Primary General Category/ Type Date of Disbursement this Period Category/ Type Office Sought: Senate Primary General District: Senate Primary General Category/ Type Office Sought: Senate Primary General District: Senate Primary General Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Senate Primary General Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this P	ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23		
NAME OF COMMITTEE (in Full) Bright Star PAC Full Name (Last, First, Middle Initial) JOE KAUFMAN Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 City WESTON Furpose of Disbursement Candidate Name JOE KAUFMAN Office Sought: City State Primary City State Primary General Office Sought: Category/ Type Office Sought: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type District: State: District:						
A JOE KAUFMAN Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 City State Zip Code FL 33331 Purpose of Disbursement Candidate Name JOE KAUFMAN Office Sought:	NAME OF COMMITTEE (In Full)	addition of any political	- 10			
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512 City State Zip Code FL 33331 Purpose of Disbursement Candidate Name JOE KAUFMAN Office Sought: House Senate Primary General Primary General President State: District: 23 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) ▼ Senate President Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Disbursement To:: Category/ Type Office Sought: House Disbursement For: Category/ Type Category/ Type Disbursement This Period Category/ Type Disbursement For: Category/ Type Category/ Type Disbursement For: Category/ Type Category/ Type Disbursement For: Category/ Type Disbursement For: Category/ Type Disbursement For: Category/ Type Disbursement For: Disbursement For: Category/ Type Disbursement For: Disbursement For: Category/ Type Disbursement Disbursement For: Disbursement Disbursement For: Disbursement Disbursement For: Disbursement Disbu	_			Date of Dist	o a m a n t	
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WESTON FL 33331 Purpose of Disbursement Candidate Name JOE KAUFMAN Office Sought: House President Primary General	Mailing Address 2645 EXECUTIVE PARK DRIVE # 9	512		1 1 1 1 1 1 1		
Candidate Name JOE KAUFMAN Office Sought:				Transaction	ID : SB21B.4140	
JOE KAUFMAN Office Sought: House President President Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ Date of Disbursement Candidate Name Candidate Name Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) State: District: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Senate Primary General Other (specify) ▼ Substotal of Disbursement This Page (optional) State: District: Senate Primary General Other (specify) ▼ Substotal of Disbursement This Page (optional) State: District: Substotal Disbursements This Page (optional) Substotal Disbursement	Purpose of Disbursement		011	Amount of Eac	ch Disbursement this Period	
Senate President Other (specify) State: FL District: 23 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: General Other (specify) Office Sought: Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Disbursement For: Disbursement For: Senate President Disbursement For: Senate President Disbursement For: Disbursement Fo		,			5000.00	
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional)	Candidate Name		Category/ Type			
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	71: 2			
CODITION OF DISDUISCHICHES THIS Tage (Optional)					5000.00	
TOTAL This Period (lost page this line number only)	SUBTUTAL of Dispursements This Page (optional)		<u> </u>			

SCHEDULE B (FEC Form 3X)	Hoo operate reliable (1)	FOR LINE NUMBER: PAGE 8 OF 10		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 30l
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Bright Star PAC				
Full Name (Last, First, Middle Initial)				
Elaine Laffey			Date of Disbursem	
Mailing Address 7305 NW 5th PI			11 04	2014
City Margate	State Zip Code FL 33063		Transaction ID :	SB29.4134
Purpose of Disbursement Non Contribution Account		001	Amount of Each D	hisbursement this Period
Candidate Name		Category/ Type	1 1 4	2250.00
Office Sought: House Disburse Senate President	ement For: 2014 Primary	-,,,,,		,
State: District:	-			
Full Name (Last, First, Middle Initial)			Date of Disbursen	
Mailing Address			M M / D D / Y Y Y Y	
City	State Zip Code			
Purpose of Disbursement			Amount of Each D	isbursement this Period
Candidate Name	Category/ Type			
Senate President	ement For: Primary	Nr	,	
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disbursem	
Mailing Address			" , , ,	
City	State Zip Code			
Purpose of Disbursement			, . , 	
Candidate Name		Category/ Type		hisbursement this Period
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional).				2250.00
CODITION OF DISDUISEMENTS THIS Page (Optional).		<u> </u>		
TOTAL This Period (last page this line number only	/)		1	2250.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE 9 OF 10 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Bright Star PAC		C C00569962
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
Full Name of Payee Clear Channel Communications		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address 7601 Riviera Blvd		Amount
City State	Zip Code	3280.00
Miramar GA	33023	Transaction ID : SE.4125 Date of Disbursement or Obligation
Purpose of Expenditure Non-contribution Account	Category/ Type 004	10 / 30 / 2014
Name of Federal Candidate	Support	Office Sought: X House District: 23
JOE KAUFMAN	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	3280.00	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
James Crystal Radio		M = M / D = D / Y = Y = Y
Mailing Address 2100 Park Central Blvd		
2.55. 3 55		Amount
City State	Zip Code	3000.00
Pompano Beach FL	33064	Transaction ID : SE.4126 Date of Disbursement or Obligation
Purpose of Expenditure Non Contribution Account	Category/ Type 004	10 30 / Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 23
JOE KAUFMAN	Support Oppose	
	Oppose	President Senate State.
Calendar Year-To-Date Per Election for Office Sought	6280.00	Disbursement For: Primary General 2014
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		6280.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
Patrick J Laffey [Electron	nically Filed]	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	12 03 2014

Signature

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 10 OF 10
	AME OF COMMITTEE (L. F. II)		FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Bright Star PAC		FEC IDENTIFICATION NUMBER ▼
_	might start Ao		C C00569962
CI	neck if 24-hour report 48-hour report New report	Amends repo	rt filed on
	Full Name of Payee WKIS-FM Radio		Date of Public Distribution/Dissemination
	Mailing Address 194 NW 187th Street		10 30 2014 Amount
		Code	3505.00
	Miami FL 33	3169	Transaction ID : SE.4127 Date of Disbursement or Obligation
	Purpose of Expenditure Non Contribution Account	Category/ Type 004	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	X Support	Office Sought: X House District: 23
	JOE KAUFMAN	Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	9785.00	Disbursement For: Primary General 2014
	Ell News of Days		Other (specify)
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mailing Address		Amount
	City State Zip	o Code	
			Date of Disbursement or Obligation
	Purpose of Expenditure C	Category/ Type	M = M / D = D / Y = Y = Y
	Name of Federal Candidate	Support	Office Sought: House District:
		Oppose	President Senate State:
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought		Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		3505.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		9785.00
	Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Patrick J Laffey		M = M / D = D / Y = Y = Y

[Electronically Filed]

12

Date

03

2014